U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

The personnel of the personnel are the					THUITIDE
UTILITY		Docket No.	1	1-74014	
PATENT APPLICATION	First Inv	rentor	John S.	McKenzie et al.	
TRANSMITTAL	Title		A Vehicular Retract	able Interior Lighting Sy	/stem
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label	EL 82	22714629 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application appl	ontents.	Å	ADDRESS TO: Mail Sto	ssioner for Patents op Patent Application ox 1450 dria VA 22313-1450	
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	ng)	7.	CD-ROM or CD-R in du	uplicate, large table or	5
2. Applicant claims small entity status. See 37 CFR 1.27.	<b>-</b>		Computer Program (Apotide and/or Amino Acid cable, all necessary)		S. PT
3. Specification [Total Pages [Total Pages]	12 ]	a.	Computer Reada	able Form (CRF)	D.
<ul> <li>(preferred arrangement set forth below)</li> <li>Descriptive title of the invention</li> </ul>		b.	Specification Sequence	e Listing on:	13
<ul> <li>Cross Reference to Related Applications</li> </ul>			i. CD-ROM or	CD-R (2 copies); or	39
<ul> <li>Statement Regarding Fed sponsored R &amp; D</li> <li>Reference to sequence listing, a table,</li> </ul>			ii. 🔲 Paper		0
or a computer program listing appendix - Background of the Invention		c.	Statements verify	ying identity of above co	pies
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings (if filed)</li> </ul>		AC	COMPANYING AP	PLICATION PARTS	s
- Detailed Description				ver sheet & document(s)	
<ul><li>Claim(s)</li><li>Abstract of the Disclosure</li></ul>		10 :	37 CFR 3.73(b) Stateme (when there is an assignee)	ent Dower of Att	
		11.	English Translation Doc	ument (if applicable)	
4. Drawing(s) (35 U.S.C. 113) [Total Sheets	3 ]		Information Disclosure Statement (IDS)/PTO-14	Copies of ID Citations	S
5. Oath or Declaration [Total Pages	2 ]	13.	Preliminary Amendment		
a. Newly executed (original or copy)			Return Receipt Postcard	` ,	
b. Copy from a prior application (37 CF)			Should be specifically itemi. Certified Copy of Priority	•	
DELETION OF INVENTOR(S	)		<i>(if foreign priority is claimed)</i> Nonpublication Request		
Signed statement attached deleting named in the prior application, see 1.63(d)(2) and 1.33(b).	- g inventor(s	) 10. [] (		ust attach form PTO/SB	3/35
6. Application Data Sheet. See 37 CFR 1.76		17. 🔃 (	Other:		
18. If a CONTINUING APPLICATION, check appropriate	box, and s	upply the requisit	te information below and in a	a preliminary amendment.	
or in an Application Data Sheet under 37 CFR 1.76:					
	tion-in-par	t (CIP) of pri	or application No.:		<del></del>
Prior application information: Examiner  For CONTINUATION OR DIVISIONAL APPS only: The entire	e disclosur	e of the prior a	Group / Art Unit:	n oath or declaration is s	 unnlier
under Box 5b, is considered a part of the disclosure of the reference. The incorporation can only be relied upon when a	accomban	ivina continuati	on or divisional applicatio	in and is hereby incornor	ated b
		IDENCE AD			
Customer Number or Bar Code Label  Code Label	2727	<b>,</b>	or Corr	ronnondonos address heless	
	2737'		j	espondence address below	
(Insert Customer	IVO. OF Alla	cri bar code labe	i nere)		
Name	·				
	<del></del> -				
Address					
City	State		Zip Code		
	phone		Fax		
Name (Print/Type) Scott A. Blake		Registr	ration No. (Attorney/Agent)	40.615	<u></u>
Scott A. Blake			(Attorney/Agent)	40,515	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

August 1, 2003

with a 12

Signature

C mplete if Known

PTO/SB/17 (5-03)

Approved for use through 04/30/2003. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number    Application Number	<b>FEE TRANSMITTA</b>	1				C mplete	if Know	n 	
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Group Art Unit   TOTAL AMOUNT OF PAYMENT (s) \$799.00   Attorney Docket No. 1.74014		<b>-</b>	Appli	cation	Numb	er			
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) \$790.00   Atforney Docket No.   1-74014	TOT FY 2003		Filing	Date					
METHOD OF PAYMENT   (s) \$790.00   Attorney Docket No.   1-74014	Effective 01/01/2003. Patent fees are subject to annual revision	on.	First	Name	d Inver	ntor John S	. McKenzi	e et al.	
METHOD OF PAYMENT (s) \$790.00   Attorney Docket No.   I-74014	Applicant claims small entity status. See 37 CFR 1.2	27	Exan	niner N	lame				
METHOD OF PAYMENT (check all that apply)			Grou	p Art l	Jnit				
Check   Credit card   Money   Other   Other   None   Deposit Account   13-0005   13-	TOTAL AMOUNT OF PAYMENT (\$) \$790	0.00	Attor	ney Do	ocket N	No. 1-7401	4		
Check   Credit card   Money   Other   Other   None   Deposit Account   13-0005   13-	METHOD OF DAVMENT (short all that are he				EE	E CALCIII A	TION (es	entinued)	
Deposit   Account   13-0005   13-0005   13-0005   1051   13-0005   1052   150   2052   25   25   25   25   25   25		2 42	717121	7 1 A 1 A	<del>-</del>	E CALCULA	TION (CO	munueu)	
Deposit Account   Number   Account   Number   Account   MacMillan, Sobanski & Todd   1052   50   2052   25   Surcharge - late fling fee or cath   1052   50   2052   25   Surcharge - late fling fee or cath   1052   50   2052   25   Surcharge - late fling fee or cath   1052   50   2052   25   Surcharge - late fling fee or cath   1052   1053   130   1053									
Account Number   Account Number   Account Number   Account Name						Fee	Description	on	Fee Paid
Deposit Account Name	Account 13-0005					Surcharge - late	filing fee or	oath	
Account   MacMillan, Sobanski & Todd   1053   130   10		1052	50	2052			provisional	filing fee or cover	
The Commissioner is authorized to: (check all that apply)	Account MacMillan, Sobanski & Todd	1053	130	1053			pecification		
Charge fee(s) indicated below     Ceredit any overpayments   1804   920*   Requesting publication of SIR prior to Examiner and Charge fee(s) indicated below, except for the filing fee   1805 1,840*   1805 1,840								arte reexamination	
Charge fee(s) indicated below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below, except for the filling fee to the above-identified below in the filling below in the above-identified below in the filling below in the above-identified below in the					920*	Requesting pub			
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.   1251 110   1255 155   1	<del></del>	1905	1 840*	1ደበፍ ተ			lication of S	IR after Examiner	
1251   10   10   10   10   10   10   10			<i>'</i>		•	action			
1. BASIC FILING FEE   Large Entity   Small Entity   Fee Fee   Fee Fee   Fee Fee   Fee Fee							. •		
1. Large Entity   1. Small E	FEE CALCULATION					· ·			
Test   Fee	1. BASIC FILING FEE								
Code (\$)   Code (\$)   Code (\$)   Fee Paid   Total Claims   Total									
1002   330   2002   165   Design filling   1403   320   2402   160   Filling a brief in support of an appeal   1403   320   2403   140   Request for oral hearing   1451   1,510   1451   1,510   1451   1,510   Petition to institute a public use proceeding   1452   110   2452   55   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unavoidable   1501   1,300   2501   650   Petition to revive - unavoidable   1502   470   2502   235   Design issue fee   1503   630   2503   315   Plant issue fee   1503   630   2503   315   Plant issue fee   1503   630   2503   315   Plant issue fee   1503   630   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   1806   180   1806							. •	ui monta	
1403   280   2403   2	1001 750 2001 375 Utility filing fee 750.00		1					n annoci	
1004 750 2004 375 Reissue filing   1451 1.510   1451 1.						•		i appeal	
1005 160   2005 80   Provisional filing fee   SUBTOTAL (1)   (\$)   \$750.00								use proceeding	
SUBTOTAL (1) (\$\frac{1}{2}\) \$\frac{1}{2}\) \$\frac{1}{2}\] \$\frac{1}{2}\) \$\frac{1}{2}\] \$									
2. EXTRA CLAIM FEES FOR UTILITY AND   Sextra Claims   14   -20** =   0   X     =   0.00     1503   630   2503   315   Plant issue fee									
2. EXTRA CLAIM FEES FOR UTILITY AND  Extra Claims    See from below   Fee Pald   1503   630   2503   315   Plant issue fee	SUBTUTAL (1) (\$) \$750.00								
Extra Claims		f				•			
Total Claims  Independent  2 - 3** = 0						_			
Independent Calams Multiple Dependent							Commission	ner	
Huitiple Dependent  Large Entity   Small Entity   Fee	Claims				50	Processing fee	under 37 CF	FR § 1.17(q)	
Fee Fee Code (\$)   Fee Code (\$)   Fee Description   South A. Blake   Submitted Basic Filing Fee Paid   Submi					180	Submission of la			
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims, if not paid 1204 84 2204 42 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 SUBTOTAL (2) (\$) \$0.00  **Tor number previously paid, if greater; For Reissues, see above 1205 SUBMITTED BY 1206 Scott A. Blake 1207 Scott A. Blake 1207 Scott A. Blake 1208 SUBTOTAL (2) (419) 255-5900  **Oz1 40 8021 40 8021 40 (times number of properties) (itimes number of properties) (itimes number of properties) (times number of properties) (itimes number of properties) (itim	Fee Fee Fee Fee Description	8021	40	8024			natent assi	anment per proper	rty (40.00)
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) \$0.00  **or number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type)  Scott A. Blake  Registration No. (Attorney/Agent)  (37 CFR § 1.129(a))  1810 750 2810 375 For each additional invention to be examined (37 CFR § 1.129(b))  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$) \$40.00	Code (\$) Code (\$)					(times number of	of properties	)	40.00
1203 280 2203 140 Multiple dependent claims in excess of 3 1204 84 2204 42 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) \$0.00  **or number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type)  Scott A. Blake  1810 750 2810 375 For each additional invention to be examined (37 CFR § 1.129(b))  1801 750 2810 375 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$) \$40.00  *Registration No. (Attorney/Agent)  August for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  Complete (if applicable)  Telephone (419) 255-5900		1809	750	2809				al rejection	
1204 84 2204 42 ** Reissue independent claims over original patent  1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) \$0.00  **Tor number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type) Scott A. Blake  1801 750 2801 375 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \$40.00  *Registration No. (Attorney/Agent) 40,515 Telephone (419) 255-5900		1810	750	2810	375	For each addition	nal inventio	n to be examined	
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) \$0.00  **or number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type) Scott A. Blake  Name (Print/Type) Scott A. Blake  Name (Print/Type) Name (Print/Type) Scott A. Blake  Name (Print/Type) Name (Print/Typ		1801	750	2801				mination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) \$0.00  **or number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type) Scott A. Blake  Registration No. (Attorney/Agent) 40,515  Telephone (419) 255-5900						•			
SUBTOTAL (2) (\$) \$0.00  ***or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \$40.00  SUBMITTED BY  Name (Print/Type) Scott A. Blake Registration No. (Attorney/Agent) 40,515 Telephone (419) 255-5900									
**or number previously paid, if greater; For Reissues, see above  *Reduced by Basic Filing Fee Paid  *Complete (if applicable)  Name (Print/Type)  *Registration No. (Attorney/Agent)  *Registration No. (Attorney/Agent)  *Reduced by Basic Filing Fee Paid  *Reduced by Basic Filing Fee Paid  *Complete (if applicable)  *Telephone  *(419) 255-5900		Oth	er fee (:	specify)					
SUBMITTED BY  Name (Print/Type)  Scott A. Blake  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone  (4)  Telephone  (419) 255-5900	SUBTOTAL (2) (\$) \$0.00							<del></del>	
SUBMITTED BY  Name (Print/Type)  Scott A. Blake  Registration No. (Attorney/Agent)  Au,515  Telephone (419) 255-5900	**or number previously paid, if greater; For Reissues, see above	*Red	duced b	y Basic	Filing F	Fee Paid	SUBTO	TAL (3) (\$)	\$40.00
Name (Print/Type) Scott A. Blake Registration No. (Attorney/Agent) 40,515 Telephone (419) 255-5900							Complete (		
(Attorney/Agent)			_		).	40.515	****		55-5900
		(	Attorney	//Agent)		TU,515		(417) 2	
Signature Date August 1, 2003	Signature Cort 9. 2			-			Date	August 1	, 2003

WARNING: Inf rmation on this form may become public. Credit card information should not be included on this form. Provid credit card information and authorization in

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Serial No. Filing Date Examiner  Vention: A VEHICULAR RETRACTABLE INTERIOR LIGHTING SYSTEM  I hereby certify that the following correspondence:  UTILITY PATENT APPLICATION  (Identify type of correspondence)  is being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar August 1, 2003  (Date)  Betty J. Borger  (Typed or Printed Name of Person Mailing Correspondence)  EL 822714629 US  ("Express Mail" Mailing Label of the Commission of t	ressee" service under 3
A VEHICULAR RETRACTABLE INTERIOR LIGHTING SYSTEM  I hereby certify that the following correspondence:  UTILITY PATENT APPLICATION  (Identify type of correspondence)  s being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar August 1, 2003  (Date)  Betty J. Borger  (Typed or Printed Name of Person Mailing Corre  (Signature of Person Mailing Corre  EL 822714629 US	ressee" service under 3
UTILITY PATENT APPLICATION  (Identify type of correspondence)  s being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar August 1, 2003  (Date)  Betty J. Borger (Typed or Printed Name of Person Mailing Correspondence)  EL 822714629 US	ressee" service under 3
(Identify type of correspondence)  s being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar  August 1, 2003  (Date)  Betty J. Borger  (Typed or Printed Name of Person Mailing Correspondence)  EL 822714629 US	ressee" service under 3
s being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar  August 1, 2003  (Date)  Betty J. Borger  (Typed or Printed Name of Person Mailing Corre  (Signature of Person Mailing Corre  EL 822714629 US	ressee" service under 3
See being deposited with the United States Postal Service "Express Mail Post Office to Add CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar August 1, 2003  (Date)  Betty J. Borger (Typed or Printed Name of Person Mailing Corrections)  (Signature of Person Mailing Corrections)	ressee" service under 3
CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexar  August 1, 2003 (Date)  Betty J. Borger (Typed or Printed Name of Person Mailing (Signature of Person Mailing Correct EL 822714629 US	
(Date)  Betty J. Borger  (Typed or Printed Name of Person Mailing  Betty J. Bo  (Signature of Person Mailing Corre	ndria, VA 22313-1450 (
(Typed or Printed Name of Person Mailing  Betty J. Bo (Signature of Person Mailing Correct  EL 822714629 US	
Signature of Person Mailing Correction  EL 822714629 US	
EL 822714629 US	; Correspondence)
EL 822714629 US	rael psnaddince)
Note: Each paper must have its own certificate of mailing.	
110te. Lach paper must have its own cer inicate or maning.	